

10 MAR 2005

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

| | |
|--------------------------------|-------------|
| SERIAL NO. 10/527433 | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 18 | | | | | |
| TOTAL CLAIMS | 21 | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |